



## **Integrative Model of Tawakal and Acceptance and Commitment Therapy (ACT)**

**Megi Anggraini**

Internasional Open University, Gambia

e-mail: [megi.anggraini@student.iou.edu.gm](mailto:megi.anggraini@student.iou.edu.gm)

### **Abstract**

This paper aims to formulate an integrative conceptual model that synthesizes the concept of tawakal in Islamic psychology with Acceptance and Commitment Therapy (ACT) as a contemporary psychotherapeutic approach. The study is motivated by the growing need for therapeutic frameworks that are not only psychologically effective but also aligned with the spiritual and religious values of Muslim clients, as conventional psychological interventions often overlook transcendental dimensions of human experience. Using a qualitative library research design, this study employs thematic content analysis and comparative analysis of classical Islamic psychological literature and ACT theoretical frameworks. The findings reveal significant conceptual convergence between tawakal and ACT, particularly in the domains of acceptance of reality, regulation of thoughts and emotions, and engagement in values-based actions. However, fundamental differences emerge in their epistemological foundations: ACT is grounded in secular humanistic psychology, whereas tawakal is rooted in Islamic theistic worldview. This integration offers a holistic therapeutic framework that promotes both psychological flexibility and spiritual tranquillity. The model provides theoretical contributions to the integration of Western and Islamic psychology and offers practical implications for developing culturally and spiritually responsive mental health interventions within Muslim communities.

**Keywords:** Tawakal, Acceptance and Commitment Therapy, Islamic Psychotherapy, Psychological Flexibility, Integrative Conceptual Model.

### **INTRODUCTION**

The development of contemporary mental health discourse indicates an urgent need for therapeutic approaches that not only emphasize psychological dimensions but also encompass spiritual aspects, particularly within the context of a religious Muslim society (Mawaddah, 2024). Data from the Basic Health Research (Riskesdas) in 2018 recorded that more than 6% of the Indonesian population experienced emotional mental disorders, with an increasing trend post the COVID-19 pandemic. Phenomena such as overthinking, existential anxiety, and crisis of meaning are increasingly prevalent among the productive age group, often responded to with negative coping mechanisms such as blaming destiny, social withdrawal, or loss of hope (Husni, 2023).

In the context of Muslim societies, a psychology approach based on Islam demonstrates significant relevance in responding to existential crises and life pressures (Munawar et al., 2023). One prominent spiritual concept is tawakal,

which signifies an attitude of trusting and surrendering to Allah SWT after exerting maximum effort (*ikhtiar*). Tawakal is seen as capable of providing inner peace, strengthening resilience, and helping individuals manage stress and life uncertainties (Husnar, Saniah & Nashori, 2017). However, research on tawakal largely remains independent within the framework of Islamic psychology and has not been systematically integrated into modern psychotherapeutic models.

On the other hand, Acceptance and Commitment Therapy (ACT), developed by Steven Hayes and his colleagues, has become one of the most influential third-wave therapy approaches. ACT emphasizes acceptance of unpleasant internal experiences and commitment to acting in accordance with personal values, with the primary goal of enhancing psychological flexibility (Hayes, Strosahl, & Wilson, 2012). This approach has proven effective for various conditions such as anxiety, depression, chronic stress, and chronic pain (A-Tjak et al., 2015; Gloster et al., 2020). Although ACT has strong empirical evidence, this approach was developed within a secular framework and does not explicitly integrate religious values. Abu-Raiya and Pargament (2010) note that many Muslim clients feel their spiritual values are unrepresented in conventional therapy, which can impact low engagement and resistance to the therapeutic process. ACT, being non-theistic, emphasizes functional outcomes without linking them to Divine decree. For some Muslim clients, this may create psychological dissonance as it does not align with a worldview emphasizing the balance between effort (*ikhtiar*) and reliance on God (*tawakal*).

Meanwhile, efforts to integrate Western and Islamic psychology have been undertaken by several researchers. Haque (2004) proposed integrating Cognitive Behavioral Therapy (CBT) with Islamic values such as *sabr* (patience), *shukr* (gratitude), and *tawakal*. Pargament and Abu-Raiya (2010) developed Islamically Integrated Psychotherapy (IIP), which systematically aligns psychotherapeutic principles with Islamic beliefs and practices. However, specific integration between ACT and the concept of *tawakal* has not been extensively explored. This is despite intriguing conceptual similarities between the principle of acceptance in ACT and the attitude of *tawakal* in Islam, both emphasizing the importance of accepting reality without excessive resistance. Based on this gap, this study poses three research questions: (1) How are the basic principles of ACT and the concept of *tawakal* in Islamic Psychology explained in the scientific literature? (2) What are the commonalities and differences between ACT and *tawakal* in the context of acceptance, values, and action? (3) How can an integrative conceptual model between ACT and *tawakal* be formulated for developing a therapeutic approach relevant to Muslim clients?

The objectives of this study are: (1) to identify and explain the basic principles of ACT and the concept of tawakal; (2) to analyse the commonalities and differences between them; and (3) to formulate an integrative conceptual model as a foundation for developing holistic and contextual therapeutic interventions. The significance of this study lies in its contribution to the development of Islamic psychology, particularly in enriching the literature on integrating Western and Islamic psychotherapy, and providing a conceptual framework for practitioners in designing interventions sensitive to the spiritual values of Muslim clients.

To date, no study has systematically integrated the six core processes of Acceptance and Commitment Therapy (ACT) with the spiritual components of tawakal within a single therapeutic model framework that is operational and contextual for the Indonesian Muslim community. Previous studies have tended to integrate Western psychotherapy with Islamic values partially or normatively, without a coherent mapping of psychological processes at the level of therapeutic mechanisms. This study offers theoretical novelty through the formulation of the T-ACT Model (Tawakal-based Acceptance and Commitment Therapy), which not only juxtaposes ACT and tawakal concepts but systematically synthesizes them across six dimensions of therapeutic process. Thus, this model contributes to the development of contemporary Islamic psychology while expanding the contextual adaptation of ACT within a religious Muslim society setting.

### **Philosophical and Historical Foundations**

ACT was first developed by Steven C. Hayes in the late 1980s as a response to the limitations of traditional cognitive behavioral therapy, which tended to focus on changing the content of maladaptive thoughts. ACT is rooted in Relational Frame Theory (RFT), a theory of language and cognition explaining how humans build stimulus relationships through language and how this can lead to psychological suffering (Hayes, Barnes-Holmes, & Roche, 2001). ACT is part of the third wave of cognitive behavioral therapy, which prioritizes the context, process, and function of thoughts over the content of thoughts themselves.

### **Six Core Processes of ACT**

ACT is built upon six interrelated core processes aimed at enhancing psychological flexibility, defined as the ability to stay present in the moment and act adaptively in accordance with one's values, even when facing uncomfortable internal experiences (Hayes et al., 2006). First, Acceptance is the willingness to be open to and accept internal experiences (thoughts, emotions, sensations) without trying to avoid or fight them. ACT emphasizes that psychological suffering often arises precisely from efforts to avoid these

experiences (experiential avoidance). By accepting experiences as they are, individuals can free mental energy for more meaningful action (Harris, 2009).

Second, Cognitive Defusion is the ability to create distance from thoughts seeing thoughts as mental events, not absolute truths. Through defusion techniques, individuals learn to observe thoughts without getting caught up in them, so that previously constraining thoughts lose their power over behaviour. Third, Present Moment emphasizes the importance of mindfulness to be fully present in the current moment with an open and non-judgmental attitude. This helps individuals respond to situations more flexibly and effectively. Fourth, Self-as-Context refers to awareness of the self as a stable observer, separate from changing thoughts, emotions, or roles. By strengthening this perspective, individuals are less likely to become overly identified with transient internal experiences. Fifth, Values involve exploring and clarifying what is truly important and meaningful to the individual. Values in ACT are not goals to be achieved but rather ongoing guiding principles that serve as a life compass. Sixth, Committed Action refers to concrete actions taken consciously and consistently based on identified values, even in the face of internal obstacles such as fear or doubt. These six processes are depicted in the hexaflex model and mutually reinforce each other to achieve psychological flexibility, considered a primary indicator of mental health in the ACT approach (Kashdan & Rottenberg, 2010).

### **Definition and Theological Foundations**

Tawakal is derived from the Arabic word *at-tawakkul*, meaning to surrender, entrust, or delegate affairs to another party. In Islamic terminology, tawakal is the attitude of relying on and surrendering to Allah SWT after exerting maximum effort (*ikhtiar*). Tawakal is not passive fatalism, but rather a manifestation of the belief that the outcome of every endeavor is the prerogative of Allah, while humans are obligated to strive responsibly (Abdullah, 2017).

The Qur'an mentions the concept of tawakal in various verses, including QS. Ali 'Imran [3]: 159, "... Then when you have made a decision, rely upon Allah ...". This verse affirms that tawakal is undertaken after effort and mature decision-making. Theologically, tawakal is a form of heartfelt submission and complete trust in the Divine will, fostering inner peace and releasing anxiety over outcomes beyond human control.

Classical scholars provide in-depth explanations of the essence of tawakal. Ibn Qayyim, in *Madarij As-Salikin*, defines tawakal as an act of the heart by relying solely on Allah, trusting in Him, seeking refuge in Him, and being content with His decrees, while still undertaking the means and exerting effort to achieve outcomes. Al-Ghazali, in *Ihya' 'Ulum al-Din*, explains that tawakal arises from

firm conviction in the omnipotence of Allah, the Most Gracious, so that humans should surrender themselves entirely to their Lord. Meanwhile, M. Quraish Shihab (1998) emphasizes that tawakal must be preceded by ikhtiar, as exemplified by the Prophet's hadith instructing to first tie the camel and then rely upon Allah.

### **Components of Tawakal**

Tawakal consists of three main interrelated components. First, Ikhtiar refers to the maximum effort exerted by an individual in facing problems or achieving goals. Ikhtiar is a form of moral and spiritual responsibility as affirmed in QS. Ar-Ra'd [13]: 11, "Indeed, Allah will not change the condition of a people until they change what is in themselves." Second, Surrender to Allah (tawakkul) after effort. This surrender is not a form of helplessness, but rather an expression of faith that all matters rest in Allah's power and that humans can only strive without guaranteeing the outcome (Alavi & Moghaddam, 2014). Third, Ridha is the attitude of sincerely accepting the outcome that occurs, whether it meets expectations or not. Ridha signifies spiritual maturity where the individual not only accepts the result but also finds meaning within it (Latipun, 2016).

### **Psychological Dimensions of Tawakal**

From an Islamic psychology perspective, tawakal possesses cognitive, affective, and behavioral dimensions. The cognitive dimension is reflected in positive and realistic thinking about life's uncertainties, recognizing that everything happens according to Allah's wisdom and will. The affective dimension manifests as inner peace, reduced anxiety, and a sense of security arising from the belief in a greater power governing life. The behavioral dimension is evident in an active attitude towards effort (ikhtiar), accompanied by patience and perseverance in undergoing the process, without excessive attachment to outcomes (Saputro, 2020).

Tawakal plays a significant role in coping and emotion regulation. As a positive religious coping strategy (Pargament, 2007), tawakal helps individuals overcome stress by relying on faith and spiritual connection with God. Individuals who practice tawakal tend to have a stable solution orientation and are not easily shaken by failure. In emotion regulation, tawakal helps individuals avoid being trapped in prolonged negative emotions because the process of surrender and acceptance (ridha) soothes the heart. Research indicates that spiritual aspects like tawakal contribute to reducing depression and anxiety, as well as enhancing emotional balance and subjective well-being (Alavi & Moghaddam, 2014; Hassan & Noor, 2020).

**Integration of Western and Islamic Psychology: Opportunities and Challenges**  
Efforts to integrate Western and Islamic psychology have evolved over the past two decades. Haque (2004) proposed integrating CBT with Islamic values such

as *sabr*, *shukr*, and *tawakal*. This approach allows for the reinterpretation of negative thoughts as spiritual tests rather than merely cognitive distortions. Pargament and Abu-Raiya (2010) developed Islamically Integrated Psychotherapy (IIP), systematically aligning psychotherapeutic principles with Islamic beliefs and practices, placing religious values like forgiveness, hope, and reliance on God as integral parts of the intervention.

The main challenge of integration is the epistemological difference. Western psychology is generally grounded in naturalism and secularism, while Islamic psychology is based on revelation and Islamic tradition. However, similarities at the practical level—such as the importance of acceptance, meaning, and values—open opportunities for productive integration. Rizvi et al. (2017) showed that spiritual practices like *dhikr* and *du'a* can enrich Western therapy by providing deeper inner peace. ACT, as an approach based on acceptance and values, holds significant potential for integration with Islamic spiritual values. Both emphasize the importance of accepting reality, letting go of attachment to outcomes, and acting based on values. This integration can yield a therapeutic model that addresses not only cognitive and behavioral aspects but also the existential and spiritual dimensions of human beings.

## **RESEARCH METHODS**

This research is a qualitative study employing a library research approach. This approach was chosen because the primary objective is to formulate an integrative conceptual model through in-depth analysis of academic literature, without involving field data collection. Data sources consist of relevant primary and secondary scientific literature, including academic books, indexed journals, conference proceedings, and articles from credible sources discussing ACT, *tawakal*, spiritually-integrated psychotherapy, and the integration of Western and Islamic psychology. Literature focused on publications from 2015-2025 to ensure currency, while still including fundamental works from key figures such as Hayes, Al-Ghazali, and Ibn Qayyim.

Data collection was conducted through systematic searches in databases such as Google Scholar, Scopus, ScienceDirect, and digital libraries, using keywords: "Acceptance and Commitment Therapy", "ACT and Islamic Psychology", "Tawakal in psychology", "Religious coping in Islam", and "Integration of ACT and Islamic values". Data analysis employed thematic content analysis with the following stages: (1) identification of initial themes from the literature; (2) categorization of themes into main dimensions (acceptance, values, action, spirituality); (3) comparative analysis to identify commonalities and differences between ACT and *tawakal*; (4) theoretical synthesis to construct an integrative framework; and (5) evaluation of the coherence of the formulated model. The validity of the study was maintained through theory triangulation and source

triangulation, as well as transparency in the literature selection and analysis process.

## **RESULT AND DISCUSSION**

### **Comparative Analysis of ACT and Tawakal**

The comparative analysis of ACT and tawakal revealed both conceptual overlaps and distinctions. Functionally, both approaches promote acceptance of unchangeable realities, release of excessive control over outcomes, engagement in values-based actions, and present-moment awareness. In ACT, these processes are framed as psychological flexibility strategies (Hayes et al., 2012), while in tawakal, they are achieved through spiritual surrender, patience, and trust in Allah (Hassan & Noor, 2020). This demonstrates that psychological and spiritual processes can converge in guiding adaptive coping and meaningful action.

Despite these similarities, significant differences exist in the source of values and underlying worldview. ACT emphasizes personally chosen values derived from secular humanistic principles, whereas tawakal grounds values in divine revelation and Islamic teachings, linking motivation to faith, hikmah (wisdom), and divine destiny (qadr) (Saputro, 2020). Acceptance in ACT relies on cognitive and behavioral techniques, whereas in tawakal, it emerges from theological conviction and devotional practices, highlighting an integration of cognitive, emotional, and spiritual dimensions.

Integrating these perspectives provides a basis for the T-ACT model, which combines ACT processes – acceptance, cognitive defusion, mindfulness, values, self-as-context, and committed action with spiritual components of tawakal, such as ikhtiar, tawakkul, ridha, sabr, dhikr, and intention as worship. This integration offers a holistic framework capable of addressing both psychological flexibility and spiritual well-being, potentially enhancing therapeutic relevance and engagement for Muslim clients (Abdullah, 2017). Overall, these findings suggest that aligning modern psychotherapeutic strategies with culturally and spiritually grounded concepts can enrich mental health interventions, supporting interventions that are simultaneously empirically informed and contextually meaningful (Husnar, Saniah & Nashori, 2017).

### **Conceptual Commonalities**

The most significant commonality between ACT and tawakal lies in the principle of accepting uncertainty. ACT emphasizes that psychological suffering arises from attempts to control or avoid unpleasant internal experiences, and that adaptive functioning requires acceptance of these experiences as they are (Hayes et al., 2012). Similarly, tawakal teaches that after exerting maximum effort, individuals must accept Allah's decree with ridha,

recognizing that the ultimate outcome is beyond human control (Hassan & Noor, 2020). This convergence suggests that both approaches promote adaptive coping by fostering acceptance of what cannot be changed.

Both ACT and tawakal equally highlight the importance of values-guided action. ACT encourages commitment to personally chosen values, while tawakal emphasizes ikhtiar or effort grounded in Islamic values such as honesty, justice, and compassion. By integrating these spiritual values, the process of clarifying and acting upon personal values in ACT can be enriched, providing a clearer ethical and moral orientation (Abdullah, 2017). The management of thoughts also demonstrates functional similarity. In ACT, cognitive defusion involves observing thoughts without attachment, recognizing them as transient mental events. Tawakal similarly teaches release of attachment to outcomes, which indirectly reduces rigid thoughts and excessive expectations, preventing cycles of rumination (Saputro, 2020). Both approaches facilitate psychological flexibility and emotional regulation.

Based on these conceptual alignments, the integrative model T-ACT, or Tawakal-based Acceptance and Commitment Therapy, was formulated. This model combines ACT's six core processes of acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action with the spiritual values of tawakal, including ikhtiar, tawakkul, ridha, sabr, dhikr, and intention as worship. T-ACT aims to promote holistic well-being by simultaneously fostering psychological flexibility and spiritual tranquility, providing a culturally and spiritually relevant framework for mental health interventions in Muslim communities (Husnar, Saniah & Nashori, 2017).

### **Components of the T-ACT Model**

The T-ACT model consists of six integrated components resulting from the synthesis of ACT core processes with the spiritual values of tawakal. The first component, Acceptance-Taslim, combines ACT's acceptance with the Islamic concept of ridha. Individuals are encouraged to accept unpleasant internal experiences such as anxiety, sadness, or disappointment without avoidance while recognizing that all experiences occur within Allah's decree. Acceptance thus becomes both a psychological strategy and a form of spiritual submission, supported by verses such as QS. Al-Baqarah [2]: 156 (Abdullah, 2017).

The second component, Defusion-Tafwidh, integrates cognitive defusion with the concept of tafwidh, or entrusting affairs to Allah. Clients are guided to observe negative thoughts as mental events rather than absolute truths while surrendering concerns about future outcomes to Allah, reinforcing acceptance of uncertainty (Hassan & Noor, 2020). Awareness-Dhikr, the third component, enriches ACT's mindfulness with the practice of dhikr, fostering full presence in

the moment while remembering Allah. Phrases such as *subhanallah*, *alhamdulillah*, and *allahu akbar* serve as anchors to redirect attention, consistent with QS. Ar-Ra'd [13]: 28 (Saputro, 2020).

The fourth component, Self-Servant, expands ACT's self-as-context with *ubudiyah*, emphasizing that individuals are observers of their experiences and simultaneously servants of Allah. This perspective helps prevent over-identification with worldly roles and provides transcendental meaning (Abdullah, 2017). The fifth component, Values-Intention, aligns ACT's values clarification with Islamic teachings and the concept of *niyyah*. Actions guided by values such as honesty, justice, and compassion gain spiritual significance when intended sincerely for Allah's sake, following the hadith "Verily, deeds are judged by intentions" (Husnar, Saniah & Nashori, 2017). The sixth component, Action-Effort, integrates committed action with *ikhtiar*. Clients are encouraged to take concrete, consistent actions based on clarified values while acknowledging that the final outcome rests with Allah. This principle prevents both passivity and excessive obsession with results, promoting balanced engagement (Abdullah, 2017).

### **Comparison with Conventional Models**

The T-ACT model provides several advantages over conventional ACT and existing Islamic psychotherapy approaches. While conventional ACT is grounded in a secular-humanistic framework, emphasizing personal exploration and psychological flexibility through techniques such as mindfulness, cognitive defusion, and values clarification, conventional Islamic psychotherapy relies primarily on theological and normative foundations, using guidance such as *nasihat*, *dhikr*, and *du'a* to achieve inner peace (*sakinah*) (Abdullah, 2017). The T-ACT model integrates these approaches by combining empirical ACT processes with a spiritual framework rooted in Qur'anic and Prophetic guidance, prioritizing Islamic values while maintaining scientific rigor. This integrative approach allows T-ACT to simultaneously address psychological and spiritual needs. Clients are guided to develop psychological flexibility and emotional regulation through ACT techniques while cultivating spiritual tranquility through practices such as *dhikr*, *ikhtiar*, and *niyyah* (Husnar, Saniah & Nashori, 2017). The model also enhances cultural relevance for Muslim clients, providing therapy that aligns with their beliefs without compromising empirical effectiveness. In essence, T-ACT removes the need for clients to choose between a scientifically validated therapy and one consistent with their faith, offering a coherent and holistic therapeutic framework that bridges both domains (Abdullah, 2017).

### **Theoretical and Practical Implications**

The T-ACT model contributes significantly to the development of Islamic psychology by demonstrating that integration between Western and Islamic

psychological approaches can be conducted systematically at the process level rather than being partially eclectic. This model operationalizes the concept of tawakal, transforming it from an abstract theological idea into a construct with clear psychological and therapeutic relevance (Abdullah, 2017). It also provides a foundation for future empirical research to examine the effectiveness of interventions that integrate spiritual values. For ACT, the model illustrates that a secular therapeutic approach can be adapted for religious populations without compromising its core processes, thereby expanding its application and providing insights into the universality and contextuality of psychological interventions (Husnar, Saniah & Nashori, 2017).

Practically, T-ACT can be applied by Muslim psychologists, counselors, and therapists in mental health settings. Assessment should explore both psychological symptoms and the client's understanding of tawakal, religious practices, and spiritual resources previously used (Abdullah, 2017). Psychoeducation can highlight the alignment between ACT principles and Islamic teachings, helping clients understand that therapy is consistent with their beliefs. ACT techniques, including metaphors, mindfulness exercises, and behavioral experiments, can be reframed with Islamically relevant examples, such as replacing the "quicksand" metaphor with one reflecting trials and tawakal. Spiritual practices such as dhikr, du'a, and salah can be integrated into mindfulness and committed action exercises, and treatment success should consider both symptom reduction and improvements in spiritual quality, including inner peace, acceptance of destiny, and perceived closeness to Allah (Hassan & Noor, 2020).

Despite its contributions, this study has several limitations. As a conceptual study, the T-ACT model has not yet been empirically tested, so further research is needed to validate its effectiveness in clinical settings (Abdullah, 2017). The study focuses only on the integration of ACT and tawakal, leaving other relevant Islamic concepts such as sabr, shukr, or ikhlas unexplored. Literature on tawakal from a contemporary Islamic psychology perspective is limited, requiring reliance on classical sources that may not fully align with modern psychological frameworks (Saputro, 2020). Finally, the model was developed for the Indonesian Muslim context, so adaptation may be necessary when applied to Muslim populations with different cultural backgrounds (Husnar, Saniah & Nashori, 2017).

## **CONCLUSION**

This study formulated an integrative conceptual model combining tawakal from Islamic Psychology and Acceptance and Commitment Therapy (ACT). Literature analysis revealed significant convergence in the areas of acceptance of reality, regulation of thoughts and emotions, and engagement in values-based actions, while epistemological differences highlight opportunities for

complementary integration. The proposed T-ACT model integrates six core ACT processes—acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action—with the spiritual dimensions of tawakal, including ikhtiar, tawakkul, ridha, sabr, dhikr, and intention as worship. These elements are operationalized into six integrated components: Acceptance-Taslim, Defusion-Tafwidh, Awareness-Dhikr, Self-Servant, Values-Intention, and Action-Effort, providing a holistic framework addressing both psychological flexibility and spiritual tranquillity.

The main contribution of this study is offering a conceptual foundation for developing culturally and spiritually responsive mental health interventions for Muslim communities. This model serves as a guide for practitioners and a starting point for empirical research aimed at validating and refining the approach in clinical and community settings. Future research should focus on empirical testing of the T-ACT model, development of structured intervention modules, and exploration of integration with other Islamic psychological concepts to enhance therapeutic effectiveness.

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